Attorney Docket No.: 01191/100H584-US1

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	Fee Transmittal for FY 2005 (1 page); Amendment in Response to Non-Final Office Action (9 pages); Information Disclosure Statement (2 pages);												
	One Month Request for Extension of Time 1.136(a) (1 page);	Under 37 CFR											
	Amendment Transmittal Letter (1 page);												
	Three non-patent references;												
	List of References (PTO/SB/08a/b form) (1	page);											
	Return Receipt Postcard; and Check No. 10487 and \$ 300.0	<u> </u>											

PTO/SB/17 (12-04v2)
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DEC 0 2 2005

Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Application Number		09/943,369-Conf. #9064				
			Filing Date		August 29, 2001				
				First Named Inventor Ahmad Yekt		Ahmad Yekta	a		
For FY 2005				Examiner Name		P. D. Niland			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1714				
TOTAL AMOUNT OF PAYMENT (\$) 300.00				Attorney Docket No. 01191/100H584-US1					
METHOD OF PAYME	NT (check all t	hat apply)					- "		
x Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.									
For the above-ide	ntified deposit a	account, the Di	rector is	hereby authoriz	ed to: (che	eck ali that apply)	ļ		
Charge fee(s	s) indicated bel	low		Charg	je fee(s) in	idicated below, e	xcept for t	he filing fee	
	additional fee(s		nent of	x Credit	any overp	payments			
FEE CALCULATION									
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	S						
		G FEES	SEA	ARCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES			-	_	_	•		Small Entity	
Fee Description						•	Fee (\$)	Fee (\$)	
Each claim over 20 (inclu	ding Reissues)						50	25	
Each independent claim over 3 (including Reissues) 200								100	
Multiple dependent claims	5						360	180	
Total Claims Extra	Claims F	ee (\$)	Fee F	aid (\$)	<u>N</u>	<u>lultiple Depende</u>	ent Claims	,	
1532 =	x	=			<u> </u>	<u>ee (\$)</u> <u>!</u>	Fee Paid (<u>5)</u>	
Indep. Claims Extra	a Claims F	ee (\$)	Fee F	aid (\$)		 -			
3 -5=	x	=		αια (ψ)					
3. APPLICATION SIZE FE									
If the specification and d		d 100 sheets of	paper	(excluding electr	ronically f	iled sequence or	computer		
listings under 37 CFR					for small e	entity) for each a	dditional 5	0	
sheets or fraction ther							_		
	Extra Sheets		feach a	dditional 50 or fra			<u>Fee</u>	Paid (\$)	
- 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specificat	ria d 120 fac	(na small anti	tu diaa				Fees	Paid (\$)	
- 13	/ //)isclosure	Statement	18	30.00	
Other (e.g., late filing syrcharge): 1806 Submission of an Information Disclosure Statement 180.00 1251 Extension for response within first month 120.00									
SUBMITTED BY									
Signature XXIII	Mun			Registration No. (Attorney/Agent)	54,781	Telephone	(212) 52	7-7700	
	. Chumney	X		· ·······		Date	Decembe	r 2, 2005	
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